

## Asylum Notes.

MATTHEW D. FIELD, M.D.

P. O. Hooper, M. D., superintendent of the Arkansas State Lunatic Asylum, Little Rock, Ark., writes:

"I do not know that there is anything very distinctive in the methods of treatment in use in this institution. My experience has not led me to place great confidence in the direct curative power of drugs in any of the psychoses. In acute cases, of whatever sort, my endeavor is to sustain and improve the physical health as far as possible by nutritious diet, exercise, and the treatment of local or general disease that may be found to exist, and to remove, as far as possible, any occasion of mental excitement or distress. Under such treatment the large majority of those who are received during the earlier stages of their mental derangement recover, temporarily at least, although, unfortunately, relapses are, in my patients, as I judge is the case with others, far from rare. In paroxysmal cases I have not succeeded in finding any means either of preventing or cutting short the attacks. In chronic cases much can be accomplished by employment, recreation, and persevering and judicious training. For all classes of the insane the most important factor in treatment, as well as the most difficult to secure, is a corps of thoroughly competent and conscientious attendants.

"But few cases of general paresis have been under treatment here—not more than five or six in all—and it will hardly be expected that I should make any contribution to the therapeutics of that not very tractable disease. In epilepsy the bromides are more efficacious than any and all other drugs in diminishing the number of convulsions and the attacks of mental disturbance immediately connected with them, but seem powerless to remedy, and, in most cases, even to check, the progressive mental deterioration so common in this disorder.

“ The details of management and discipline in an institution of this kind would have little practical value to any except those engaged in the same specialty. It may not, however, be out of place to state the conclusions to which I have come on some subjects in regard to which there is more or less difference of opinion among alienists.

“ Sedatives, such as conium, hyoscyamin, the bromides, and antimony, are scarcely used at all for the purpose of allaying excitement or repressing its manifestations. Any advantage that might be gained in the palliation of symptoms on their continued use seems to me likely to be more than counterbalanced by their deteriorating effects upon the general health. In a few cases an occasional dose of hyoscyamin has had a remarkably quieting effect on noisy and mischievous patients; but it has seemed to me to be more due to their dread of the very disagreeable sensations which the drug produces than to any influence on the morbid process.

“ Of hypnotics, chloral, paraldehyde, and sulphonal have been found useful as palliatives in insomnia, and, apart from any benefit to the patients to whom they are given, I believe their use justifiable when necessary to secure needed quiet and rest for others. When it appears desirable to continue the administration of such drugs for any considerable time, it is my practice to change frequently from one to another. Used in this way, in moderate doses, I have not observed bad effects from either of them, although all are doubtless capable of mischief.

“ Alcoholic stimulants are used very sparingly. Although I am satisfied that they are of use in some cases, the number is, I think, small, and much mischief may be done by their routine administration.

“ In regard to mechanical restraints, the small number of attendants that I am able to employ—not quite one to twenty patients—necessitates its employment, or what, in my opinion, is often more objectionable, seclusion, in a small proportion of cases, not more, on the average, than one per cent. of the number under treatment. I do not, however, believe that, under any circumstances, I should be willing

to dispense with it altogether. Much as its routine use is to be deprecated, what I have seen in visits to institutions which have discarded it entirely has confirmed me in the belief that in some cases it is both more effective and more humane than anything that can be substituted for it."

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## THE STUDY AND CURATIVE TREATMENT OF INSANITY.

### PROPOSED NEW HOSPITAL.

At the weekly meeting of the London County Council at the Guildhall (Lord Rosebery in the chair), Mr. R. Brudenell Carter, chairman of the committee appointed to inquire into, and to report to the Council upon, the advantages which might be expected from the establishment, as a complement to the existing asylum system, of a hospital with a visiting medical staff for the study and curative treatment of insanity, submitted the following report: The committee had received important *vivâ-voce* evidence from sixteen distinguished members of the medical profession, including not only eminent experts in insanity, and physicians chiefly engaged in the treatment of diseases of the nervous system, with which insanity is not necessarily associated, but also physicians and surgeons in more general practice. Printed questions had been sent to every medical superintendent of a public Asylum in England and Wales, as well as to a few other persons of admitted authority, including the medical officer of St. Pancras Workhouse, who has had large opportunities of witnessing the operation of the present system. Sixty-five replies to these questions had been received and analyzed. The committee had arrived at the conclusion that a hospital of the kind described would be likely materially to increase the present knowledge of the nature and causes of insanity, and therefore ultimately to increase the means available for its prevention and for its cure. They were consequently prepared to make the following recommendations:—

"(a) That an adequately equipped hospital, containing one hundred beds, for the study and curative treatment of

insanity in pauper lunatics of both sexes, be established in the metropolis, and that it be under the direction and control of the Council. (b) That the ordinary medical staff of the hospital consist of a chief resident medical officer, who has had asylum experience, of an assistant resident medical officer, of four visiting physicians, each of whom shall hold office as physician or assistant physician in a general hospital, and of a pathologist. The members of this staff to perform such duties, and to receive such stipends or honoraria as the Council may from time to time direct. (c) That, in addition to the ordinary medical staff, the following honorary medical officers be appointed—namely: A surgeon, an ophthalmic surgeon, an aural surgeon, a laryngologist, and a gynæcologist. Each of these honorary officers should hold, or should have held, similar office in a general hospital, and they should all be available as consultants whenever required by the physicians, or for the performance of operations which fall within their respective departments, when such operations are decided upon.” The Committee were of opinion, however, that these recommendations could not be adequately considered by the Council apart from the grounds on which they rest, and also that an account of these grounds should be rendered accessible to the rate-payers, in explanation of the expenditure which would be required in order to carry the recommendations into effect. They therefore recommend: “That your committee be instructed to prepare a detailed report upon the question submitted to them, with a sufficient summary of the oral and written evidence which they have received; and that this report and summary be printed prior to their presentation to the Council.”

This report was, after discussion, agreed to.—*The Lancet*.

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Dr. H. M. Bannister, of the Illinois Eastern Hospital for the Insane, Kankakee, writes, in reference to the general therapeutical policy of that institution, as follows:

“Only a small proportion of our patients take medicine regularly, not over six or seven per cent. This includes

the sick in the infirmaries, the consumptives, the epileptics, and those taking placebos, as well as the patients who are receiving medicine given for the purpose of directly affecting their mental condition. Even in cases of acute mania any active medication is not always needed or employed; a warm bath and an enema sometimes is sufficient to relieve the symptoms and start them on the road to recovery. Usually, however, in excited cases we give some sedative to procure sleep. Chloral, either alone or in combination with hyoscyamus and conium, or hyoscyamin or hyoscine, hypodermatically, and in some cases the bromides, are the drugs commonly employed. As a rule, we do not give large doses, nor do we continue their use longer than seems absolutely necessary. We have given sulfonal considerable trial, and it has been reported as useful among the female patients; at present it is not much used on the male side of the house. The main ideas in treating acute mania of the active kind are to secure proper rest and nourishment and keep the bodily functions all in order, and all means available for these ends are employed. It is also a usual thing to give a maniacal patient a special attendant and keep him out of doors as much as his condition and the weather will permit.

“In cases of melancholia there is sometimes more steady employment of medicinal treatment, and I have met with many cases in which the continued administration of opium, generally in small tonic doses, was very useful. There is the same or even greater necessity for giving attention to the condition of the bowels in this form of insanity as in mania, and in some cases the mental depression has been greatly relieved, or even done away with, by emptying the colon. I have notes of one or two very striking cases that strongly support Schroeder Vanderkolk's theory of sympathetic insanity from this cause.

“The medical treatment in most of the other forms of insanity is on general principles, but epileptic cases of course receive special treatment, and in cases of general paralysis I have quite generally employed the iodide of potash, and sometimes with great apparent benefit. A very

large proportion of paretics received here have a luetic history, and many of those that lack the history have almost certainly suffered from specific infection.

“Stimulants (alcoholic) are employed only to a comparatively slight extent, and usually only for old and feeble patients.

“As regards other than medicinal treatment, I would say that we employ scarcely any mechanical restraint, and as a rule only mittens that leave the arms free, but prevent the use of the fingers. Probably an average of less than one-twentieth of one per cent. of our patients are under any form of restraint during the year. Seclusion is used to some extent with very violent patients, but the percentage of this is also small.

“Employment, we find, is one of the best specifics for insanity; it helps the patients to forget their morbid fancies and keeps them from bad habits of mind and body. More patients can date their improvement from their first being employed, I think, than from any other one thing. Its benefits are not confined to the curable cases; there is often a great improvement in the chronic and incurable ones. We have been steadily increasing our percentage of employment amongst our patients, and at present it averages about seventy per cent. doing some useful work during at least part of the day.

“Another thing that is very valuable in the management of the insane is open-air exercise, and we keep as many of our patients out of doors, part of the day at least, as is possible in pleasant weather.

“A great deal depends on the attendants in the successful treatment of the insane. Natural fitness is one of the first requisites, but much can be gained by training, and we have endeavored to instruct our attendants so that they may not only care for the patients properly, but also be able to administer special treatment, massage, electrical applications, etc., under the direction of the physicians. We have employed these methods in certain cases in our treatment where they seem to be of use, also special gymnastics, etc.



*Hypnotic, No. 4.*

R	To each dose :	
	Chloral hydr., - - - - -	gr. x.
	Fl. ext. hyoscy. nig.,	
	Fl. ext. conim mac., aa, - - - - -	℥viijss.
M	P. r. n.	

*Other Hypnotics.*

R	Bromidia :	
	Hyoscine hydrobromate.	
	Sulphonal.	
M	Paraldehyde not used.	

*Stimulating Tonic.*

R	To each dose :	
	Atrop. sulph., - - - - -	gr. $\frac{3}{10}$ .
	Strych. sulph., - - - - -	gr. $\frac{1}{32}$ .
	Quin. sulph., - - - - -	gr. j.
	Ferri. pyrophos., - - - - -	gr. ij.
M	Ter die.	

*Fever Tonic (Gross's).*

R	To each dose :	
	Quinia sulph., - - - - -	gr. ij.
	Ac. hydrochlor, dil.,	
	Tr. ferri. chlor, aa, - - - - -	℥ xv.
	Tr. nux vom., - - - - -	℥ x.
M	Ter die.	

*Alterative Tonic-Pill (Hammond's).*

R	To each pill :	
	Zinci phosphid., - - - - -	gr. $\frac{1}{10}$ .
	Ext. nux vom., - - - - -	gr. $\frac{1}{2}$ .
M	Ter die.	

*Alterative Tonic.*

R	To each pill :	
	Zinc. valerianate, - - - - -	gr. j.
	Ext. nux. vom., - - - - -	gr. ss.
	Ext. gentian, - - - - -	q. s.
M	Ter die.	

*General Tonic.*

R	To each dose :	
	Fl. ext. nux vom., - - - - -	℥ iij.
	Liq. pot. ars., - - - - -	℥ v.
	Ammon. chlor., - - - - -	gr. x.
	Tr. ferri. chlor., - - - - -	℥ xv.
	Tr. gentian, - - - - -	3 j.
M	Ter die.	



“ You will note that opiates cut little figure in treatment here. While they are used of course as placebos, they are not given as lavishly as in most institutions of this sort. T. S. Clouston, of the Royal Edinburgh Asylum, in his ‘Mental Diseases’ says: ‘Opium I utterly disbelieve in. I performed a series of experiments with it in melancholia, and it caused loss of appetite and loss of weight.’ And again: ‘In ninety-nine cases in a hundred it lessens the appetite and impairs digestion.’ That there is truth in these emphatic and unqualified statements may be admitted, but that they carry with them a true estimate of the value of this *hominibus deorum donum* is not borne out by experience. In melancholia of aged persons especially, it is found curative in not a few cases, to add comfort in most, while it is exceptional for it to lessen the appetite and impair the digestion. In not a few cases the effect is the reverse: it imparts appetite and aids digestion. Wood’s experience with the drug agrees much more nearly with observation here.

“ Clouston’s experience with chloral, as set forth in ‘My experience is that it has a subtle influence for harm upon the brain when much given, by which the organ loses that quality which we call tone,’ is, it is believed, entirely correct. That the lavish exhibition of it, had recourse to in many institutions as a hypnotic, it is confidently believed is making ‘asylum’ demented by the hundreds.

“ Recurring to opium, it may be as well to state that it is used here almost entirely subcutaneously and most generally in combination with atropin sulph.; the acetate and bi-meconate is occasionally employed by the mouth. In very small doses— $\frac{1}{48}$ ,  $\frac{1}{32}$ ,  $\frac{1}{24}$ ,  $\frac{1}{16}$  gr.—it is not seldom found a splendid nerve-tonic, especially combined with a corresponding amount of atropin, say  $\frac{1}{1000}$  gr. up to  $\frac{1}{300}$  gr. *ter die*.

“ In acute mania more reliance is placed on the bromides and cannabis indica, sometimes reinforced by hyoscyamus and conium. In melancholia, *if shut up* to one drug, I should take some form of Clouston’s ‘utterly disbelieved’ in drug, *opium*.”

## PHYSICAL TRAINING FOR THE INSANE.

*(From American Journal of Insanity.)*

Dr. Walter Channing, of Brookline, Mass., read a paper on this subject before the Association of Medical Superintendents of American Institutions for the Insane.

He has obtained good results from the employment of a long systematic graded course. He employs a professional teacher to conduct the exercises, who is aided by music. He would have the course varied enough to extend over years. The classes were made up from both sexes and attendants. The results have been gratifying directly and collaterally. "There can be no doubt that nutrition has been improved in a number of cases, but the especial perceptible result, which is more marked as time goes on, is the generally improved physical and moral tone among the patients and employés. There is less susceptibility to trifles, more freedom of motion, more independence of action, more appreciation among all of the value of exercise and care of the body, and more coöperation in the general treatment. The amount of amusement furnished is of course considerable. The lively music and brightly lighted hall and magnetic teacher are all diverting, and the exercises are just enough varied to keep up the interest without fatiguing. The results are certainly favorable enough to encourage me to persevere."

In the discussion that followed the reading of Dr. Channing's paper, Miss A. W. Adams, his instructor, gave the following explanation of the method employed: "Our system induces no thought on the part of the pupil, nor real mental effort. The evil we are trying to counteract is the abnormal pressure; consequently pupils work entirely by imitation, which is largely intuitive, and little call is made on the nerve-force. This principle makes our system particularly adaptable to the insane and nervous, as the object is to send through the system the purest blood, with the least possible exhaustion of nerve-force. The work is divided into yearly courses, and is carried on in a slow but progressive manner, commencing with simple elementary work—one movement dependent upon and leading up to

the next, until finally the whole body is exercised without apparent effort on the part of the pupil."

"I have endeavored to carry out these same methods with the insane, with the exception that I am obliged to go much more slowly, often to omit alternate movements, and complicated ones entirely. Instead of giving three or four rests during the hour, as is customary with beginners, I find it is better to keep the class working steadily for thirty or forty minutes, and then dismiss them. By so doing I held their attention better and kept the interest up. With very nervous, delicate patients, who are not strong enough to take the exercises standing, very slow, stretching movements on the back are given, which have a very soothing, quieting effect."

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EIGHTEENTH ANNUAL REPORT OF THE STATE HOMŒOPATHIC ASYLUM FOR THE INSANE, AT MIDDLETOWN, NEW YORK.

General statistical table, showing the number of patients treated during the year ending September 30, 1888, together with the results obtained :

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Patients in asylum Sept. 30, 1887, - -	216	239	455
Admitted within the year, - - - - -	111	106	217
Whole number of cases treated within the year, - - - - -	327	345	672
Number discharged within the year, -	98	115	213
Number discharged as recovered, - -	40	60	100
Number discharged as improved, - -	13	18	31
Number discharged as unimproved, -	22	24	46
Deaths, - - - - -	23	13	36
Eloped, - - - - -	-	-	0
Not insane, - - - - -	-	-	0
Patients remaining Sept. 30, 1888, - -	229	230	459
Maximum number within the year, - -	-	-	529
Minimum number within the year, - -	-	-	455
Daily average, - - - - -	<u>245<sup>354</sup><sub>365</sub></u>	<u>260<sup>57</sup><sub>365</sub></u>	<u>506<sup>46</sup><sub>365</sub></u>

Percentage of recoveries on number discharged, - - 46.94

Percentage of deaths on number treated, - - - - - 5.35

DR. SELDEN H. TALCOTT,

*Superintendent.*

Dr. William A. Macy, formerly assistant physician at the Lunatic Asylum, Blackwell's Island, has been appointed Assistant Superintendent of the Insane Asylum, Ward's Island. Dr. Macy was married to Miss Marion Wright, at New Rochelle, N. Y., on Sept. 3, 1889.

Dr. Allen Fitch, one of the examiners in lunacy for the Department of Public Charities and Correction, New York City, was married to Miss Adelaide Brown, at Williamsport, Pa., Oct. 24, 1889.

Dr. Chas. H. Nichols, superintendent of the Bloomingdale Asylum, has returned from Europe:

Upon the recommendation of Dr. A. E. Macdonald, General Superintendent of the Insane, the Commissioners of Public Charities and Corrections have appointed Dr. E. D. Fisher, Dr. Frank H. Ingram, and Dr. Frederick Peterson, a Board of Pathologist for the New York City Asylums. They have organized with Dr. Ingram, President, and Dr. Fisher, Secretary.

Dr. A. P. Williamson, First Assistant Physician State Homœopathic Asylum for the Insane, Middletown, N. Y., has been appointed Superintendent of the Third Hospital for the Insane, Fergus Falls, Minnesota. This Asylum will be opened sometime during 1890.

Dr. J. E. Bowers has resigned the superintendency of the the Second Minnesota Hospital for the Insane, Rochester, Minnesota, to enter private practice at St. Paul. He is succeeded by Dr. Arthur F. Kilbourae, formerly Assistant Physician First Minnesota Hospital for the Insane, St. Peter, Minnesota, and previously the N. Y. City Hospital on Ward's Island.

The following changes also have taken place in the staff: Dr. Homer Collins and Harry Randall, Assistant Physicians, have resigned, to go into private practice; and Drs. Nathan Baker and Sarah Linton have been appointed in their places. The hospital is about to open a large "annex" for women, to correspond with one it already has for men. It will hold 175.

Dr. P. M. Wise has resigned the superintendency of the Willard Asylum, N. Y., to become superintendent of the St. Lawrence State Asylum, at Ogdensburg, N. Y.

Dr. D. D. Richardson has been appointed superintendent of the New State Hospital for the Insane, Farnhurst, Delaware.

Dr. Eugene Grissom has resigned the superintendency of of the North Carolina Insane Asylum. Dr. William R. Wood was appointed to fill this vacancy. Dr. G. R. Pearsall was appointed Assistant Physician.

Dr. C. E. Wright has been appointed Superintendent of the Indiana State Hospital, at Indianapolis, in place of Dr. T. S. Galbraith resigned.

Dr. G. G. Shanks resigned the superintendency of the Kings Co. Asylum. He has been succeeded by Dr. Walter S. Fleming, formerly Assistant Physician at Branch Asylum, St. Johnland. Dr. Fleming's marriage to Miss Lilian Van Dolsen, of New York City, is announced for December 3, 1889.

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and the Most Reliable ?  
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— SCALE OR POWDER — ■

SEE "MERCK'S INDEX," PAGES 106 AND 167